

College/University Student – TB Test Verification Form

quirements for TB Test Verification			
document confirms that thege or University.	e volunteer below meets the follo	wing requirements for su	bmitting a TB test verification from his/her
 The volunteer listed be TB testing as a condition 	low is enrolled at on of enrollment. The volunteer te		me of College/University) and was subject to se time of enrollment.
unteer Informatio	1		
e:			
(Last)	(First)		(Middle)
Print – College/Universit Signature – College/Univ		Date	
Phone Email College/University Name			This original form presented to the DCPS fingerprinting office when the volunteer reports for fingerprinting. Volunteers should keep a copy for
College/University Addre	State	Zip	their records. For questions, please contact DCPS HR Answers at dcps.hranswers@dc.gov or 202-442-4090.